MERCURY, LEAD AND CADMIUM IN WHOLE BLOOD ANALYSIS REQUEST FORM

COMPLETE ALL INFORMATION											
Submitter Name:			Submitter Organization:				AG T SEAL			EAL	
Mailing Address:								of Idaho u of Laboratories			
City: Phone: E-r			State:	Zi	Zip:		2220 Old Penitentiary Rd. Boise, ID 83712		HE SHA		
			E-mail Address:				208-334-2235			TATE OF IT	
Secure Fax Numbe	r:										
Customer	Collected	Collection	n Collection		Date of	Tobacco Use	Known Chem	Symptomatic	Laboratory Use Only		
Specimen ID	by	Date	Time	Gende	Birth	Frequency	Exposure?	Chem Exposure?	Lab Sample #	Bottle Type	Preservat
Special Instructions											
	•										
General Information Optimal amount of s closures, certified for	pecimen is 1-2 r heavy metal/	trace elem	nent analysis, ar	e highly	recommende	ed). Draw the bl	lood through a	stainless steel need	dle. If more than	n one eva	acuated
tube of blood is to be containers. Handle a transport according t	e drawn from a and store blank	an individu k containe	al, the trace me	tals tube	should be di	rawn second or	later. Submit to	wo blank (empty) c	ontainers per lo	t of spec	imen
LABORATORY USE ONLY											

Temperature: _____ Shipper: ____ Number of Bottles / Sample: ____ Number of Samples / Order ____ Lab Order ID:_

Received By ____

Revised 11/28/07

Time Received: _

Date Received: